



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ORIGINAL OR AMENDED  
STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #:

2. Type of Filing:

- ☐ Original  
☐ Amendment to Items: \_\_\_\_\_ Eff. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Full Name of Committee:

4a. Candidate Full Name (Last, First, M.I.):

4b. Political Party (if applicable):

4c. County of Residence:

4d. Office Sought (Check one):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Governor                       | <input type="checkbox"/> Lt. Governor   | <input type="checkbox"/> State Senator |
| <input type="checkbox"/> State Rep.                     | <input type="checkbox"/> Sec. of State  | <input type="checkbox"/> Attorney Gen. |
| <input type="checkbox"/> State Bd. of Ed.               | <input type="checkbox"/> UofM Reg.      | <input type="checkbox"/> MSU Trustee   |
| <input type="checkbox"/> WSU Gov.                       | <input type="checkbox"/> Supreme Court  | <input type="checkbox"/> Appeals Court |
| <input type="checkbox"/> Circuit Court                  | <input type="checkbox"/> District Court | <input type="checkbox"/> Probate Court |
| <input type="checkbox"/> Municipal Court                |   |  |
| <input type="checkbox"/> Local or other please specify: |   |  |

4e. District/Circuit # or Jurisdiction:

5. Date Committee was Formed: \_\_\_\_/\_\_\_\_/\_\_\_\_

6a. Committee Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

6b. Committee Fax #: ( ) \_\_\_\_\_ - \_\_\_\_\_

6c. Committee E-mail Address:

7a. Complete Comm. Mailing Address (May be PO Box):

7b. Complete Comm. Street Address (May not be PO Box):

8. Treasurer Name and Complete Address:

Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address:

9. Designated Record Keeper Name and Complete Address:

Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address:

10. ☐ **REPORTING WAIVER REQUEST:** If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box; the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.

11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)

a. Official Depository

b. Secondary Depository

12. ☐ **This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.**

13. **ELECTRONIC FILING:** This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to candidates that file with the County Clerk's office.

**The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to receive or spend \$20,000 in the current calendar year to file campaign statements electronically. Merts Plus software is provided to you free of charge to assist you in meeting this requirement.**

☐ Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.

**\*\* OR \*\***

☐ Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.

14. **Verification:** I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. **(Sign Name and Date)**

Candidate:

..... \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Treasurer:

..... \_\_\_\_/\_\_\_\_/\_\_\_\_

Designated Record Keeper (Required only if filing electronically):

..... \_\_\_\_/\_\_\_\_/\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THE STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES

As soon as an individual becomes a "candidate" under Michigan's Campaign Finance Act, P.A. 388 of 1976, as amended, he or she has 10 calendar days to form a Candidate Committee. After the committee's formation date, the candidate has an additional 10 calendar days to register the committee. A candidate registers a Candidate Committee by filing a Statement of Organization form with his or her filing official. A person becomes a candidate under the Campaign Finance Act on the date he or she:

- files a nominating petition, a filing fee or an affidavit of candidacy; or
- receives a contribution or makes an expenditure, or gives consent to someone else to receive a contribution or make an expenditure with a view to bringing about the individual's nomination or election to an elective office; or
- is nominated for an elective office by a political party caucus or convention.

### EXCEPTION:

(1) A candidate who seeks a precinct delegate position is not required to file a Statement of Organization.

(2) A candidate who seeks a school board position in a school district with a pupil membership count of 2,400 or less AND receives or spends \$1,000.00 or less for the election is not required to file a Statement of Organization.

### WHERE TO FILE THIS FORM

A candidate for a county, city, township, village, school or other local elective office is required to file two copies of this form with the clerk of the county in which he or she resides. **EXCEPTION:** A candidate for a school board seat that will be voted on in more than one county files two copies of this form with the clerk of the county in which the greatest number of voters eligible to vote on the office reside.

A candidate for a state elective office or judicial office is required to file two copies of this form with the Michigan Department of State, Bureau of Elections, Post Office Box 20126, Lansing, Michigan 48901. Office location: Treasury Building, 1st Floor, 430 West Allegan Street, Lansing, Michigan 48918. Phone: 517/373-2540. The following are state elective offices: Governor, Lieutenant Governor, Secretary of State, Attorney General, Supreme Court Justice, State Senator, State Representative, State Board of Education Member, University of Michigan Regent, Michigan State University Trustee and Wayne State University Governor. Candidates for all judicial offices also file the Statement of Organization with the Bureau of Elections.

### INSTRUCTIONS

Type or clearly print in ink all information requested on the Statement of Organization form. Each entry on the form is discussed below.

- ITEM 1:** On the original Statement of Organization, leave this item blank. An identification number will be assigned to the committee by the filing official. If an identification number has been assigned to the committee, enter it in Item 1.
- ITEM 2:** Indicate whether this is an original Statement of Organization or an amendment to a Statement of Organization already on file. If it is an amendment, list the number of the item(s) affected and the date the change took place. On an amendment, complete this item, the item(s) affected and Item 1, Item 3 and Item 14. **NOTE:** The information contained on the Statement of Organization must be kept up-to-date. If a change in the information takes place, an amended Statement of Organization must be filed no later than the due date of the first Campaign Statement required of the committee after the change. The candidate and the treasurer serving at the time of the change must sign an amendment.
- ITEM 3:** Enter the committee's official name. **The committee name must include the candidate's first and last name.**
- ITEM 4a:** Enter the Candidate's full name: last name, first name and middle initial, if any.
- ITEM 4b:** If the office sought by the candidate is a partisan office, enter the candidate's party affiliation.
- ITEM 4c:** Enter the candidate's county of residence.
- ITEM 4d:** Check the appropriate box to indicate the office sought by the candidate.
- ITEM 4e:** Enter the district number or jurisdiction (name of county, city, township, village or school district ) served by the office.
- ITEM 5:** Enter the date the committee was formed. This form must be received by your filing official within **10 calendar days** after the committee's formation date. A late filing fee of \$10.00 per business day is assessed if this form is filed late.
- ITEM 6a:** Enter the committee's telephone number.
- ITEM 6b:** Enter the committee's fax number.
- ITEM 6c:** Enter the committee's e-mail address.
- ITEM 7a:** Enter the committee's mailing address if different from the committee's street address. A post office box is acceptable. All mail from the filing official will be directed to the committee's mailing address.
- ITEM 7b:** Enter the committee's street address. A post office box is **not** acceptable. (List the candidate's or treasurer's home address if no other address is available.)
- ITEM 8:** Enter the full name (last name, first name, middle initial, if any), mailing address, telephone number and e-mail address of the committee's treasurer. The candidate may serve as the committee's treasurer. A committee treasurer must be listed in this item.
- ITEM 9:** Enter the full name (last name, first name, middle initial, if any) telephone number and e-mail address of the designated record keeper, if the committee has one. This is the person, other than the treasurer, who will be responsible for the committee's records and Campaign Statement filings. If the committee's treasurer will personally handle these responsibilities, leave this item blank. A person designated in this item may sign Campaign Statements in place of the treasurer, but does **not** have the authority to sign a Statement of Organization form in place of the treasurer.
- ITEM 10:** **\$1,000.00 REPORTING WAIVER.** Check the box in Item 10 if the committee does not expect to receive or spend more than \$1,000.00 for any single election.
- Election means primary, general, special or millage election, or a convention or caucus of a political party held in this state to nominate a candidate. Election also includes a recall vote. If Item 10 is checked and the committee does not spend or receive more than \$1,000.00 for the election, the committee is granted a Reporting Waiver. A committee that never loses its Reporting Waiver by spending or receiving more than \$1,000.00 for an election is not required to file Campaign Statements.
- ITEM 11a:** Enter the name and address of the Michigan bank, savings and loan association or credit union that the committee now uses, intends to use or would use as its "official depository". While this item must be completed, an account does not have to be opened until the first contribution is received.
- ITEM 11b:** List the name and addresses of any "secondary depositories" the committee uses or intends to use. A secondary depository may be used only for the deposit of contributions; it may not be used for committee expenditures. (Refer to manual for Bingo exception.)
- ITEM 12:** Applies to gubernatorial candidates only.
- ITEM 13:** Read this section carefully and check the appropriate box. Committees filing with the county clerks office, skip to Item 14.
- ITEM 14:** Enter names where indicated. This form **must** be signed and dated by both the candidate and the committee's treasurer. If the candidate is serving as the committee's treasurer, the candidate signs once on the line for the candidate's signature.